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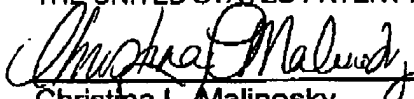
Phone: 571-272-3460

From: Raymond R. Tabandeh
Reg No. 43,945

Re: Application No. 10/582,302
Filed June 8, 2006
Entitled DENTAL DIAGNOSTIC AND TREATMENT APPARATUS

File: A400:57800

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON November 20, 2009.


Christina L. Malinosky

*Correspondence: Transmittal and Amendment

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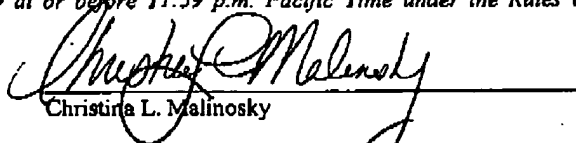
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being filed via facsimile with the United States Patent and Trademark Office on November 20, 2009 at or before 11:59 p.m. Pacific Time under the Rules of 37 CFR § 1.8.



Christina L. Malinosky

Applicant : Shinichi Okawa
 Application No. : 10/582,302
 Filed : June 8, 2006
 Title : DENTAL DIAGNOSTIC AND TREATMENT APPARATUS

Confirmation No. 4987

Grp./Div. : 3732
 Examiner : Sunil K. Singh

Docket No. : 57800/A400

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Post Office Box 7068
 Pasadena, CA 91109-7068
 November 20, 2009

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	39	*39	0	0 x \$26.00	0 x \$52.00	0
Independent Claims	1	** 3	0	0 x \$110.00	0 x \$220.00	0
Multiple Dependent Claims ***				\$195.00	\$390.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 42						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

**Amendment Transmittal Letter
Application No. 10/582,302**

____ Attached is our check for \$0 to pay the fees calculated above.
____ A Petition for Extension of Time and the required fee are enclosed.
____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



Raymond R. Tabandeh
Reg. No. 43,945
626/795-9900

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CLV PAS876216.1-11/20/09 1:54 PM